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U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY
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UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

2017 JUL -7 P 4:03

Dr. Maja J. Buj, M.D.

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Psychiatry Residency Training
Rutgers Newark Medical School
Postgraduate on the Job Healthcare Training.

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Employment
Discrimination

Case No. _____
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☒ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Dr. Maja J. Buj, MD</u>
Street Address	<u>813 Municipal Plz, PO Box 1862</u>
City and County	<u>Bloomfield,</u>
State and Zip Code	<u>NJ 07003</u>
Telephone Number	<u>646.966.3410</u>
E-mail Address	<u>bujmaja@gmail.com</u> <u>majebuj@nyumc.org</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Psychiatry Residency Training</u>
Job or Title (if known)	<u>PGY-1 Physician in Training</u>
Street Address	<u>183 S. Orange Ave. Behavioral Health Sciences Building</u>
City and County	<u>Newark, Essex County</u>
State and Zip Code	<u>NJ, 07101</u>
Telephone Number	<u>(Administrative) Newark 973.972.5401</u>
E-mail Address (if known)	

Defendant No. 2

Name	<u>Zeynep Ozenci, MD</u>
Job or Title (if known)	<u>PGY-4 Trainee, Graduate of Turkey, Ismir, Med Sch</u>
Street Address	<u>The Same As Above</u>
City and County	<u>Newark, Essex</u>

State and Zip Code
Telephone Number
E-mail Address
(if known)

Nj, 07101

zeynep.orenci@gmail.com

Defendant No. 3

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

Tsering/Tshering Bhutia, MD,
Trainee, Med Graduate of India, Med. School

183 S. Orange Ave.

Newark, Essex County

Nj, 07101

973.972.4670 / Office of Residency Training

Defendant No. 4

Name
Job or Title
(if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

Rashi Aggarwal, MD
Asst. Program Director

183 S. Orange Ave.

Newark, Essex County

Nj, 07103

973.972.8339; 650.787.0721

aggarwra@nms.rutgers.edu.

Defendant No 5 & 6
C. Place of Employment

The address at which I sought employment or was employed by the defendant(s)

is: Rutgers - School of Medicine, Newark, Nj

Name
Street Address
City and County
State and Zip Code
Telephone Number

Wajid Hussain, MD - Trainee
Wajeeb Hussain, MD - PD

973.972.4688; 732.235.4402

Psychiatry Residency Training

183 S. Orange Ave. Behavioral Health
Newark, Essex Sciences Building

Nj, 07101

973.972.4670 / Office of Residency Training

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:



Relevant state law *(specify, if known)*:

N.J.

ADAAA



Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☒ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts (specify): _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

June 9, 2016 & June 10, 2016; November 18, 2016 & December, 2016;
January & Feb, 2017; April 3, 2017

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☒ religion _____
- ☒ national origin _____
- ☒ age. My year of birth is 1960. (Give your year of birth only if you are asserting a claim of age discrimination.)
- ☒ disability or perceived disability (specify disability)

Spine: Posttraumatic arthritis; 2012-2015
Former: Linguicism (upon Immigration from former Yugoslavia)
Past: Complicated grief/after NATO Air strikes over Bel.

Pls. have been 3 (three) letters received at defendant's office. Please, read, attach, and file the events in time.

"old graduate" revolves

USMC (4) Dec 2015.
FMB exam 2016
for physician independent practice.

E. The facts of my case are as follows. Attach additional pages if needed.

* On June 9th, 2016 I was denied employment via email. on June 10th, 16 I was told "my credentials were very good, But 'I was an old graduate.' I immigrated prior to NATO Air strikes over Belgrade, and I already practiced over 10 yrs. in former Yugoslavia. Also, I had disability related gap/spine since 2009-2010, approved, documented and My Physician in Training Restart in US Res. been approved (Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

April 5, 2017

B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date)

04/12/2017

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☒

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

② Also there is no amount of money that can pay my loved profession.

① Based on the informations that I received by now, and my perceived humiliation/discrimination based in the statement "old graduate" (regardless Academic Achievements in the US and disability and immigration related gap in my already existed physician's practice overseas in the former Yugoslavia: My honor, dignity, credibility, a.k.a. professional reputation, have been (tried) compromised (by defendant) And professional identity too.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

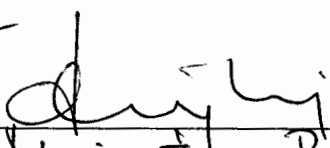
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 07/07/2017

Signature of Plaintiff

Printed Name of Plaintiff


Dr. Maja J. Buj, MD

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

Telephone Number _____

E-mail Address _____